

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. 09/982607 FILING DATE APPLICANT(S) </div> </div>												
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51				
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
10	1							60				
11								61				
12								62				
13								63				
14								64				
15								65				
16								66				
17								67				
18								68				
19								69				
20								70				
21								71				
22								72				
23								73				
24								74				
25								75				
26								76				
27								77				
28								78				
29								79				
30								80				
31								81				
32	1							82				
33								83				
34								84				
35								85				
36								86				
37								87				
38	1							88				
39								89				
40	1							90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	5							TOTAL IND.				
TOTAL DEP.	35							TOTAL DEP.				
TOTAL CLAIMS	40							TOTAL CLAIMS				